



RECONNAISSANCE INSPECTION
National Pollutant Discharge Elimination System Permitting Program
Delaware Department of Natural Resources and Environmental Control
Surface Water Discharges Section

Name and location of Facility Inspected <u>Pinnacle Foods (Viasic) Millsboro DE</u>		Entry Time/Date <u>09:00 6-9-08</u>	Facility Permit No. <u>DE 0000736</u>
Name of Facility Contact <u>Bob Lynch</u>		Exit Time/Date <u>09:30 6-9-08</u>	
SCREENING DEVICE <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
COMMUNUTING DEVICE <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
PRIMARY CLARIFIER <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
SKIMMER: <input type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input checked="" type="checkbox"/> N/A SCRAPER: <input type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input checked="" type="checkbox"/> N/A			
AERATION TANK <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
AERATORS OPERATING PROPERLY: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
ODORS: <input type="checkbox"/> None <input checked="" type="checkbox"/> Faint <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Septic			
SECONDARY CLARIFIER <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
SKIMMER: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> N/A SCRAPER: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> N/A			
DAF UNIT <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
FILTRATION: Type <u>DYNA-SAND</u> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
DISINFECTION PROCESS <input type="checkbox"/> Chlorine Gas <input type="checkbox"/> Hypochlorite <input checked="" type="checkbox"/> UV <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A			
SYSTEM OPERATION: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
FLOW MEASUREMENT DEVICE <input checked="" type="checkbox"/> Parshall Flume <input type="checkbox"/> "V" Notch <input type="checkbox"/> Venturi <input type="checkbox"/> Other			
CONDITION: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
DATE OF LAST CALIBRATION: <u>2007</u>			
DIGESTOR OPERATION <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected			
SOLIDS HANDLING (describe observations and process type) <u>hand applied</u>			
OUTFALL OBSERVATIONS <input type="checkbox"/> Wastewater <input type="checkbox"/> Storm Water <input checked="" type="checkbox"/> Good (Clear) <input type="checkbox"/> Fair (Slightly Cloudy) <input type="checkbox"/> Poor <input type="checkbox"/> No Discharge			
ODORS: <input checked="" type="checkbox"/> None <input type="checkbox"/> Faint <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Septic OUTFALLS IDENTIFIED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
OVERALL APPEARANCE OF FACILITY <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
COMMENTS (describe problems observed, corrective actions required, necessary follow-up) <u>in Compliance!</u>			
Inspector's Printed Name: <u>Allen McCloskey</u>			
Inspector's Signature: <u>Allen V. McCloskey</u>		Date: <u>6-9-08</u>	